



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8505

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| SERIAL NUMBER 10/760,019 | FILING OR 371(c) DATE 01/16/2004 RULE | CLASS 710 | GROUP ART UNIT 2181 | ATTORNEY DOCKET NO. SJO920030027US1 |
| APPLICANTS Lih-Chung Kuo, San Jose, CA; Andrew Moy, San Jose, CA; Carol Spanel, San Jose, CA; Andrew D. Walls, San Jose, CA; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/21/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY CA | SHEETS DRAWING 5 | TOTAL CLAIMS 29 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS 46917 | | | | |
| TITLE METHOD FOR MANAGING DATA FLOW THROUGH A PROCESSING SYSTEM | | | | |
| FILING FEE RECEIVED 1104 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |